

Member Certification Form

FY 2012 Membership Certification

Status: APPROVED

Communications Contact

All communications for this form and any questions PBS may have will be made with the following individual. Identify the individual who should receive all communications:

First and Last Name*	John Blair
E-Mail Address*	john.blair@treas.state.nj.us

Station Information

Please enter your Station information:

Station Call Letters (or State Network)*	WNJT
Licensee Organization (per FCC License)*	New Jersey Public Broadcasting Authority
if other, Operating Organization	New Jersey Network
Organization Street Address*	25 South Stockton Street
Organization City*	Trenton
Organization State and Zip Code*	New Jersey 08608

The above named licensee organization, a member of the Public Broadcasting Service ("PBS"), certifies that the public television broadcast station(s) operated by the organization (i) provide(s) nonsectarian, nonpolitical, noncommercial educational program service to the general public in the community served by the station(s), in accordance with PBS policies, and (ii) complies at all times with comply terms, conditions and guidelines set forth in the PBS Member Station Handbook and all other applicable PBS policies (available on PBS Connect at <http://connect.pbs.org> under Systemwide Management > PBS Member Toolkit > PBS Member Station Handbook), including without limitations all financial obligations.

The licensee organization understands that this certification is a condition of its membership in PBS.

Signature*	John Blair
Title*	Executive Director
Date*	8/23/2011

PBS Member Station Information

I. GM Contact Information

Primary PBS Contact Information (GM)* John Blair
 Email Address* john.blair@treas.state.nj.us
 Phone Number* 609-777-5255

II. Station Information

Please list your transmitter information here:

WNJT/52, Trenton WNJN/50, Montclair WNJB/58, New Brunswick WNJS/23, Camden

NOTE: For all four transmitters, NJN is using the legacy analog channel numbers as identifiers

Please detail below any changes to your transmitter or operation that may have impacted your digital population coverage. (For example, change in the number of transmitters, location, power, etc...):

None

III. Digital Services

A. Broadcast Multicast Channels

Please provide below the name and general description of each of your station's multicast channels. You do not need to provide a description of nationally packaged channels like PBS World, Create and V-ME.

Channel

Channel # NJTV

Identify your Primary PBS Channels

Primary PBS Channel NJTV

B. Cable/Satellite/FiOS/Mobile/Other

Please describe any additional services your station is providing via Cable, Satellite, FiOS, Mobile, the Internet or any other means. (For example, an educational channel on Cable)

Please complete the form and submit by July 23, 2012

If you have any questions about this certification, please contact Thomas Crockett (tcrockett@pbs.org) or Vanessa Butler (vnbutler@pbs.org).